

PURCHASING OFFICE

2901 HERMITAGE ROAD, P O BOX 27491, RICHMOND VA 23261
TELEPHONE: (804) 213-4425 FAX: (804) 213-4429

BIDDER'S MAILING LIST APPLICATION

DATE OF APPLICATION _____

This application shall be signed by a principal of the Company and mailed to the address shown above.

BUSINESS DEFINITIONS

"Minority Business Enterprise"

A business of at least fifty-one (51) percent of which is minority owned and controlled or fifty-one (51) percent owned and operated by minority group members or, in case of stock corporation, at least fifty-one (51) percent of the stock which is owned and controlled by minority group members.

"Minority Group Members"

Are citizens of the United States who are African-Americans, Hispanic American, Native Americans or Alaskan and/or Aleut Native, Asians, and Pacific Islanders.

"Female Owned or Controlled"

A business enterprise at least fifty-one (51) percent of which is owned by females or in case of a publicly-owned business at least fifty-one (51) percent of the stock of which is owned or controlled by females.

INFORMATION AND INSTRUCTIONS

Persons or concerns wishing to be added to the VA Department of Alcoholic Beverage Control Bidder's and Professional Services Mailing List for commodities or services shall file this properly completed and signed application. The application shall be submitted and signed by the principal as distinguished from an agent, however constituted.

After placement on the Mailing List, a firm's failure to respond (submission of bid, or notice in writing that firm is unable to bid on that particular transaction but desires to remain on the active bidder's mailing list for that particular item) to Invitations for Bids or Request for Proposals will be understood by the Department of Alcoholic Beverage Control to indicate lack of interest and may result in the removal of the firm's name from the mailing list for the commodities/services concerned.

PLEASE PRINT OR TYPE (Fill in all spaces, insert "NA" in areas not applicable.)

NAME OF COMPANY _____

ADDRESS TO WHICH BIDDING FORMS ARE TO BE MAILED

TELEPHONE _____

FEDERAL I.D. NUMBER _____ **FAX** _____

(Social Security Number If Individual)

VIRGINIA REGISTERED CONTRACTOR NUMBER _____

HOW LONG IN PRESENT BUSINESS _____

TYPE OF ORGANIZATION:

_____ Individual _____ Partnership _____ Corporation

If Incorporated, which State _____

TYPE OF OWNERSHIP:

_____ Minority _____ Female _____ Non-Minority _____ Small _____ VA Vendor

NAMES OF OFFICERS, MEMBER OR OWNERS:

A. PRESIDENT

C. SECRETARY

B. VICE-PRESIDENT

D. TREASURER

Please list the products/services your company can provide to the VA Department of Alcoholic Beverage Control.

Please mail completed form to:

ATTN Purchasing Office
VA Department of Alcoholic Beverage Control
P O Box 27491
Richmond VA 23261